

# LIHEAP

## OKDHSLive Instruction



**OKLAHOMA**  
**Human Services**

## How to apply for Low Income Home Energy Assistance Program (LIHEAP)

1. Visit [www.okdhslive.org](http://www.okdhslive.org) during our Open Enrollment Period. For more information about LIHEAP, please visit [www.okdhs.org](http://www.okdhs.org) search for Utility Assistance.

**OKDHS Live!** Your Online Benefits Resource

Home Benefits Contact Us Log In

**Apply for Energy Assistance**

Welcome to the state of Oklahoma's OKDHS Live! web site

The OKDHSLive! web site is an easy way to see if you might be eligible for Food Benefits or SoonerCare Medicaid. You may also use this web site to renew your eligibility for SNAP, SoonerCare or Child Care: or to request (apply for) these benefits. Key information about those benefits is also available below.

Para acceder a una solicitud de prestaciones en español, por favor haga clic aquí.

**Key Information**

- Food Benefits - Supplemental Nutrition Assistance Program (SNAP)
- SoonerCare (Medicaid)
- Child Care
- Oklahoma School Breakfast and Lunch Program
- WIC (Women, Infants, Children)
- Citizenship & Benefits

**Options**

<b>View My Cases</b> Look at information about your current benefits or the status of your application or renewal.	<b>Renew/Re-Open</b> Renew your eligibility or re-open your food benefits, child care benefits or SoonerCare(Medicaid).
<b>Apply for benefits</b> To apply for benefits follow this link	<b>Create User ID</b> Create a user ID for doing reviews/renewals and saving eligibility assessments.
<b>Screening</b> Small assessment to find out if you are eligible for food benefits or SoonerCare (Medicaid).	<b>Take Customer Survey</b> Tell us what you think about your experience with DHS.

2. Select Log In then you will be able to register as a new user or log on. In addition, you can request a password reset if needed.

**OKDHS Live!** Your Online Benefits Resource

Home Benefits Contact Us Log In

Required questions are marked with an \*

**Log In**

Please enter your User ID/Email and password in the provided text boxes below.

\*Email address

\*Password

Submit

- Create a user id and password.
- Forgot your password?

Click here to reset your password/create new log-on

Oklahoma Department of Human Services  
Mailing address:  
OKDHSLive!  
P.O. Box 2700 Norman, OK, 73070  
(405)487-5483

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3. Select "Apply for benefits".

**OKDHSLive!** Your Online Benefits Resource

Home Benefits Contact Us Logout

Welcome Casey Toohot

My OKDHSLive! Home Page

What would you like to do?

- Apply for benefits.
- Renew or reopen your benefits
- View your open cases
- Upload document
- Change your password

Screening-find out if you might be eligible for benefits (for people not currently receiving benefits)

Continue working on what you started.

You recently worked on the following items. You may continue completing them by using 'Select' to the right of the item.

Case Number	Tracking ID	Type	Save Date
-------------	-------------	------	-----------

4. Enter the applicant exact date of birth, social security number or client ID, then submit.

**OKDHSLive!** Your Online Benefits Resource

Home Benefits Contact Us Logout

Welcome Casey Toohot

Required questions are marked with an \*

Apply for Benefits

Client Identification

In order to apply for benefits, we need to see if we have any information on file for you, please enter the following fields.

\* Date of Birth (mm/dd/yyyy)

and

\* Social Security Number

or

\* OKDHS Client ID Number

Submit Cancel

Back Exit/LogOff

Oklahoma Department of Human Services  
Mailing address:  
OKDHSLive!  
P.O. Box 2700 Norman, OK, 73070  
(405)487-5483

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- Choose the "Select" next to the case number you want to use to Apply for Benefits.

**Apply for Benefits**

**Case Selection**

Records indicate that you are the payee or spouse on the following cases. Please select a case number to use for your request.

Case Number	Household Member and Benefits Currently Received		
	Name	Benefit(s)	
C999005	BOBBY J JONES		<a href="#">Select</a>
	SUSIE Q JONES		
	JOHNNY J JONES		

If you have an Access Oklahoma card please select the case number that matches the first six characters of the number on the front of your card. Otherwise, please select a case number above to request SNAP, Child Care or SoonerCare benefits or to add someone to SoonerCare benefits.

If you have any changes for your open SNAP or Child Care (including requesting benefits for additional people), please call your local county office.




Fill in information about where you live including a phone number and email address.

**Apply for Benefits**

**Where You Live**

Please enter your address information below. You must have a mailing address, but the home address is optional.

\* Mailing Address

Apartment, Unit, Lot Number or Care of

\* City  \* State  \* Zip Code

Check here to delete the home address.

Home Address (if different than mailing)

City  State  Zip Code

Home Phone --

Alternate Phone -- Type of Phone

We would like to email you about your benefits whenever possible. Please give us an up to date email address

Email Address






6. Add additional household member “everyone who resides under the same roof with one utility meter or propane tank”.

The LIHEAP “household” is any individual or group of individuals:

- who are living together as one economic unit for whom residential energy is customarily purchased in common or
- who make undesignated payments for energy in the form of rent.

The LIHEAP household may differ from the household in other DHS programs. For example an adult child age 23 may be in a separate SNAP household but in the same LIHEAP household.

To add a household member select Yes on the “**Household Changes**” button.

*Required questions are marked with an \**

## Apply for Benefits

### People In Your Home

Please list every person who lives in the same house as you or owns/rents/provides the home in which you are currently staying. If you sleep under the same roof as another person, please list them here. Please list even people who are not family, do not eat with you or do not help with expenses. This does not necessarily mean they will receive benefits or be listed in your case. You will have the chance to tell us whether or not they are considered part of your family.

The following people are currently listed as members of your household.

#### Household members in your home

Household Members	Summary	Action
 <p data-bbox="183 1371 363 1440">BOBBY JONES 01/02/1970</p>	<p data-bbox="435 1236 756 1339">51 years old Citizenship Status: Citizen Applicant on case</p>	



SUSIE JONES  
02/03/1972

49 years old  
Citizenship Status: Citizen  
Relationship to applicant: Spouse



JOHNNY JONES  
04/05/2011

10 years old  
Citizenship Status: Citizen  
Relationship to applicant: Child



## Household Changes

\* Does anyone else live with you or stay with you, or do you live or stay with anyone else?

Yes  No



7. Answer the Military Service questions for the household members.

Required questions are marked with an \*

## Apply for Benefits

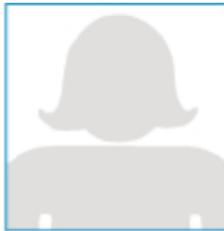
### Military Service

\* Please select the appropriate level of military service.



BOBBY JONES  
1/2/1970

No



SUSIE JONES  
2/3/1972

No



8. Confirm the relationship for the household members if you need to change information select change.

## Apply for Benefits

### Relationships

Below is a list of child household members and their relation to any adults in the household. If you need to change or delete any relationship information, select the 'Change' button next to the person's name. This will take you to a page where you can change or delete any existing relationship information.

If you see that a relationship is not set below, you must 'change' the relationship do this by selecting 'Change' next to the person that has 'Relationship not set'

When you are done working with the relationship information, select 'Next' at the bottom of the screen.



JOHNNY JONES  
04/05/2011

Relationship (Required)	Adult Name
Child	BOBBY JONES - 1/2/1970
Child	SUSIE JONES - 2/3/1972



9. Answer the Pregnancy questions for the household members.

*Required questions are marked with an \**

## Apply for Benefits

### Pregnancy

Please fill out the questions below about anyone who may be pregnant in your home at this time.



SUSIE JONES  
02/03/1972

Is this person currently pregnant? If Yes, the following questions are required.

Yes  No

\* Expected number of babies?

<Nothing selected> v

\* Expected date of delivery?

mm/dd/yyyy



10. Answer the Permanently Disabled questions for the household members.

*Required questions are marked with an \**

## Apply for Benefits

### Permanently Disabled

A permanently disabled person is someone who receives one or more of these:

- Social Security disability payments or Supplemental Security Income(SSA) disability payments
- 100% rated VA disability pension
- A disability retirement pension from a government agency

[For more information.](#)

\* Who is permanently disabled?

No one



BOBBY JONES  
1/2/1970



SUSIE JONES  
2/3/1972



JOHNNY JONES  
4/5/2011

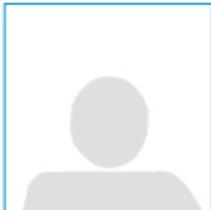


11. Double check to ensure “everyone who resides under the same roof with one utility meter or propane tank” is included.

## Apply for Benefits

### People Summary

Here is some information you told us about the people in your household. If you need to change any information use the change button at the bottom.

Household member summary	
Household Member	Information
 BOBBY JONES 01/02/1970	Citizenship: Citizen Disability: No Nursing Home: No
 SUSIE JONES 02/03/1972	Citizenship: Citizen Pregnant: No Disability: No Nursing Home: No
 JOHNNY JONES 04/05/2011	Citizenship: Citizen Disability: No Nursing Home: No

 **Change**

 **Back**

 **Exit/LogOff**

 **Help**

 **Next**

12. Enter the employment/self-employment information for each household member.

## Apply for Benefits

### Employment

Below is a list of household members and any job information we have on file for each person. If you need to change any job information, select the change button next to the person's name. This will take you to a page where you can change any existing information.

If you need to add a job, select 'Add', then add the employer on the next page. When you are done working with the employment information, select 'Next' at the bottom of the screen.



BOBBY JONES  
01/02/1970

Employer	Gross Amount	Pay Frequency	Tips/Month	Job End
walls	\$1000	Monthly		Current

Change

Add



SUSIE JONES  
02/03/1972

No job information for this person.

Add



JOHNNY JONES  
04/05/2011

No job information for this person.

Add

Back

Exit/LogOff

Help

Next

## Self Employment

Below is a list of household members and any self-employment information we have on file for each person. If you need to change or delete any self-employment information, select the 'Change' button next to the person's name. This will take you to a page where you can change or delete any existing self-employment information.

If you need to add self employment, select 'Add'. Then add the self employment on the next page. When you are done working with the self employment information, select 'Next' at the bottom of the screen.



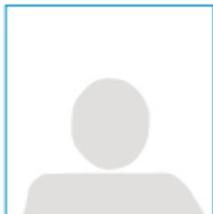
BOBBY JONES  
01/02/1970

No self-employment information for this person.



SUSIE JONES  
02/03/1972

No self-employment information for this person.



JOHNNY JONES  
04/05/2011

No self-employment information for this person.



13. Enter the unearned income information for each household member.

## Apply for Benefits

### Unearned Income

Below is a list of household members and any unearned income we have on file for each person. If you need to change or delete any unearned income, select the 'Change' button next to the person's name. This will take you to a page where you can change or delete any existing information.

If you need to add unearned income, select 'Add'. Then add the unearned income on the next page. When you are done working with the unearned income information, select 'Next' at the bottom of the screen.



BOBBY JONES  
01/02/1970

No unearned income information for this person.



SUSIE JONES  
02/03/1972

No unearned income information for this person.



JOHNNY JONES  
04/05/2011

No unearned income information for this person.



14. Double check the income summary and make any corrections if needed.

## Apply for Benefits

### Income Summary

Here is the summary for the income that you told us about. If you need to change any information click the change button.

#### Income information on file

##### Household Member

##### Information



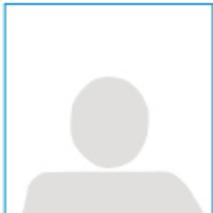
BOBBY JONES  
01/02/1970

\$1,000.00 per month in earned income  
\$0.00 per month in self employment  
income  
\$0.00 per month in unearned income



SUSIE JONES  
02/03/1972

\$0.00 per month in earned income  
\$0.00 per month in self employment  
income  
\$0.00 per month in unearned income



JOHNNY JONES  
04/05/2011

\$0.00 per month in earned income  
\$0.00 per month in self employment  
income  
\$0.00 per month in unearned income

 **Change**

 **Back**

 **Exit/LogOff**

 **Help**

 **Next**

15. Enter the individual expenses such as court ordered child support, out-of-pocket cost prescription, etc.

## Apply for Benefits

### Expenses

Below is a list of people and their expenses. You can add, change or delete expenses. When you are done working with the expenses information, select 'Next' at the bottom of the screen.



BOBBY JONES  
01/02/1970

No expense information for this person.



SUSIE JONES  
02/03/1972

No expense information for this person.



JOHNNY JONES  
04/05/2011

No expense information for this person.



16. Enter the household expenses. **Ensure the correct utility company, account number and account name is entered.**  
If the utility account is not in your name please explain why.

**Apply for Benefits**

### Household Expenses

Please select the option that best describes your living situation  
 RENTER (RECEIVES NO GOVERNMENT SUBSIDY) ▼

Please list your monthly housing/utility expenses

Housing bills	Amount you pay per month
Rent or lease	\$ 200.00
Mortgage or house payment	\$
Property taxes	\$
Property insurance	\$
Electric	\$ 150.00
Gas	\$ 50.00
Water, sewage, garbage	\$ 75.00
Telephone or cell phone service	\$ 25.00

If you consider yourself homeless, do you have any shelter costs associated with being homeless such as living in a car and having a car payment, giving a friend money to sleep in their home, or paying camping fees or motel/hotel charges  
 Yes  No

If so, how much do you spend in addition to any of the expenses you have claimed above?  
 0

Do you receive financial help from any person or organization (like section 8 or the Housing Authority) to pay for part or all of your housing?  
 Yes  No

If Yes, who helps? \_\_\_\_\_

Does anyone who does not live with you pay all of your cooling or heating bill for you every month?  
 Yes  No

If Yes, who helps? \_\_\_\_\_

**Utility account information will be used to authorize your household for energy assistance when you meet other qualifying criteria.**

### Electricity

Utility Company  ▼

Utility Company name if choosing 'Other' above \_\_\_\_\_

Account Number (Enter Account number exactly as shown on your bill including all dashes or periods)

Account Name as shown on Bill

When account is not in your name, explain why \_\_\_\_\_

Address where gas or electric meter is located

Home Address

City  State  ▼ Zip Code

Do you have a cut off notice?  
 Yes  No

Date of cut off notice (mm/dd/yyyy) \_\_\_\_\_

Amount of Cut off notice \$ \_\_\_\_\_

## Natural Gas

Utility Company

Utility company name if choosing 'Other' above

Account Number(Enter Account number exactly as shown on your bill including all dashes or periods)

Account Name as shown on Bill

When account is not in your name, explain why

Address where gas or electric meter is located

Home Address

City  State  Zip Code

Do you have a cut off notice?

Yes  No

Date of cut off notice (mm/dd/yyyy)

Amount of Cut off notice \$



## Apply for Benefits

### Water Supplier

Utility Company

Name of Water Supplier

Account Number(Enter Account number exactly as shown on your bill including all dashes or periods)

Account Name as shown on Bill

When account is not in your name, explain why

Address where water service is located

Home Address

City  State  Zip Code

Is this new service?

Yes  No

Do you have a cut off notice?

Yes  No

Minimum required deposit \$  Date of cut off notice (mm/dd/yyyy)

Is your Water On?

Yes  No

Amount of Cut off notice \$

Do you use well water?

Yes  No



17. Enter any health insurance information.

## Apply for Benefits

### Health Insurance

No insurance information found for this household. To add an insurance policy, select the add button below.



18. Enter the household member's resource information.

## Apply for Benefits

### Resources

Below are the resources that we have on file for each person. If you need to change or delete any listed resource information, select the 'Change' button next to their name. This will take you to a page where you can change or delete any existing resource. If you need to add a resource, select 'Add'. When you are done working with the resource information, select 'Next' at the bottom of the screen. Resources include assets such as checking or savings accounts, cars, burial policies, and other.

 BOBBY JONES 01/02/1970	<table border="1"><thead><tr><th>Type of Resource</th><th>Declared Value</th></tr></thead><tbody><tr><td>Car or Other Vehicle</td><td>\$200</td></tr><tr><td>Savings or Checking (Stocks, Bonds etc)</td><td>\$20</td></tr></tbody></table>	Type of Resource	Declared Value	Car or Other Vehicle	\$200	Savings or Checking (Stocks, Bonds etc)	\$20	 
Type of Resource	Declared Value							
Car or Other Vehicle	\$200							
Savings or Checking (Stocks, Bonds etc)	\$20							
 SUSIE JONES 02/03/1972	No other resource information for this person.							
 JOHNNY JONES 04/05/2011	No other resource information for this person.							



### Property

Please enter below any property you own, or update the values if necessary. If you need to delete a property, select the 'delete' check box and click next.

Check this box if you want to delete this property

Number of lots/acres, rounded to nearest whole number

Percentage of ownership

Value(No commas or special characters) \$

Equity \$

Please select the people currently living on this property, if any.

- Spouse
- Child(ren) under age 18
- Disabled child, any age
- Other, please describe below

Description

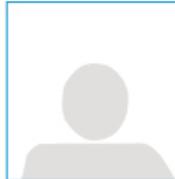
[Back](#) [Exit/LogOff](#) [Help](#) [Next](#)

Required questions are marked with an \*

### Bought or Sold Resources

\* Please select anyone who has bought, sold, traded, or given away any resources.

No one

		
<input type="checkbox"/> BOBBY JONES 1/2/1970	<input type="checkbox"/> SUSIE JONES 2/3/1972	<input type="checkbox"/> JOHNNY JONES 4/5/2011

[Back](#) [Exit/LogOff](#) [Help](#) [Next](#)

19. Select “Apply for heating and cooling assistance” box under Energy Assistance (LIHEAP). You may also select other programs you would like to apply for if it is available to you.

**Apply for Benefits**

### Request Benefits

Below is a list of household members and benefits which each person can apply for. Please check the box next to the benefit that the person wants to apply for. You must select at least one.



Casey Toohot  
03/16/1985

- Supplemental Nutrition Assistance Program (Food Stamps)
- SoonerCare

### Energy Assistance (LIHEAP)

Low-Income Energy Assistance Program (LIHEAP) is subject to available funds.

To qualify for Winter Heating and/or Summer Cooling, you must provide:

- your main heating utility account information for heating assistance.
- your electric utility account information for cooling assistance.

To qualify for Energy Crisis Assistance Program (ECAP), you must:

- have a notice saying your electric or natural gas will be cut off within three days (72 hours) of your application, or
- have a refusal notice to deliver additional fuel from your propane provider and
- be able to pay any difference between the amount of your bill and the amount of the ECAP benefit (max of \$500)

Apply for heating and cooling assistance

### Supplemental Nutrition Assistance Program (SNAP)

It looks like your household qualifies for Expedited [Food Benefits](#). That means you may be able to get Food Benefits in 7 days.

It looks like your household may be able to get \$160 - \$185 in [Food Benefits](#) each month. The amounts are only estimates and the final amount will not be known until your application is processed.

### SoonerCare (Medicaid)

Permanent disability may qualify Casey for Medicaid. Click this [link](#) for the [SoonerCare \(Medicaid\)](#) income standards.

20. Enter and confirm your utility information. Ensure the correct utility company, account number and account name is entered. If the utility account is not in your name please explain why.

Required questions are marked with an \*

## Apply for Benefits

### Heating or cooling fuel source

Did any person in your home receive Tribal energy assistance within the last 12 Months?

Yes  No

If your heating or cooling is not included in your rent, complete the section that applies to your utility supplier. only your utility bill for the current season is considered for payment. Please provide the name of the company that bills you, because DHS pays Directly to the utility company. Provide a copy your most recent utility bill

What is the main heating source for your home :

What is the main cooling source for your home :

### Electricity

Utility Company

Utility Company name if choosing 'Other' above

Account Number(Enter Account number exactly as shown on your bill including all dashes or periods)

Account Name as shown on Bill

When account is not in your name, explain why

Address where gas or electric meter is located

Home Address

City  State  Zip Code

Is this new service?

Yes  No

Do you have a cut off notice?

Yes  No

Minimum required deposit \$  Date of cut off notice (mm/dd/yyyy)

Is your Electric On?

Yes  No

Amount of Cut off notice \$

## Natural Gas

Utility Company

Utility Company name if choosing 'Other' above

Account Number(Enter Account number exactly as shown on your bill including all dashes or periods)

Account Name as shown on Bill

When account is not in your name, explain why

Address where gas or electric meter is located

Home Address

City  State  Zip Code

Is this new service?

Yes  No

Do you have a cut off notice?

Yes  No

Minimum for delivery \$  Date of cut off notice (mm/dd/yyyy)

Is your Gas On?

Yes  No

Amount of Cut off notice \$

## Propane or Butane

Company or supplier name

Utility Company name if choosing 'Other' above

Account Number(Enter Account number exactly as shown on your bill including all dashes or periods)

Account Name as shown on Bill

When account is not in your name, explain why

Supplier Mailing Address

Mailing Address

City  State  Zip Code

Address where fuel tank is located or where fuel is delivered

Mailing Address

City  State  Zip Code

Is this new service?

Yes  No

Is your tank near empty?(Under 25%)

Yes  No

Do you have a refusal to deliver notice? Your tank level indicator is:

Yes  No

Between 10%-25%  Under 10%

Minimum for delivery \$

## Firewood,coal,oil or kerosene

For heating I use(Select)

Summer cooling will only pay for the utility that is the primary source of cooling, usually electric. Winter heating will only pay for the utility that is the primary source of heating. Energy Crisis Assistance Program will pay the utility vendor that will resolve the energy crisis. If the primary source of heating is propane and you do not have an account number, input your first name, last name for the account number. Example: John, Smith

Do NOT input incorrect numbers for the propane account such as a social security number, zip code, 123456, 1111111, 00000, etc.

21. Please check if you are a current, prospective, or former employee or DHS.

**Apply for Benefits**

**DHS Employee**

\* Is anyone in your household a current,prospective or former employee of DHS?

No one



Casey Toohot  
3/16/1985

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22. Enter the education information for each household member.

**Apply for Benefits**

**Education**

Please indicate the people that are currently attending school. This includes Elementary School, Jr. High, Mid-High, Middle School, High School, Vocational/Technical School, College, or Graduate School.

[More information about SNAP benefits and college students.](#)



Casey Toohot  
03/16/1985

Is this person currently attending school?  
 Yes  No

\*What was the last grade they completed?  
<Nothing selected> ▾

\*If still attending school, name of school?

\*Full or part time student?  
 Full-time  Half-time

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23. Enter the incapacity information for each household member.

**Apply for Benefits**

**Incapacitated**

An incapacitated person is someone who has a physical or mental condition that prevents them from supporting or caring for their child(ren) for at least 30 days.

\* Who is incapacitated?

No one



Casey Toohot  
3/16/1985

⏪ Back ⏴ Exit/LogOff 🆘 Help ⏩ Next

24. Select who is the person completing this application. Enter voter registration information and check the box “Responsibilities and Signature for Benefits” to accept the electronic signature.

*Required questions are marked with an \**

**Apply for Benefits**

**Person Completing Application**

\* Please check below to indicate who is completing this application. If you are a contact person, authorized representative or have power of attorney for this person or household then check the 'Authorized Representative' checkbox.

  
 BOBBY JONES  
1/2/1970

  
 SUSIE JONES  
2/3/1972

  
 Authorized Representative

If you select 'Authorized Representative' then you must fill out the following information.

Rep First Name

Rep Middle Initial

Rep Last Name

Rep Address (Street, Apt #, PO Box)

City  State Oklahoma  Zip Code

## Voter Registration

\* If you are not registered to vote where you live now, would you like to apply to register to vote?

- Yes  
 No

If you click "Yes" a registration form will be mailed to you. To view this application online and print, you can click [here](#).

Completed Voter Registration Application(s) can be mailed to:

Oklahoma State Election Board  
P.O. Box 528800  
Oklahoma City, OK 73152-8800

Or send the completed application to your local Department of Human Services office, and they will mail the application for you.

Applying to register or declining to vote will not effect the amount of assistance that you will be provided, or your eligibility.

If you would like help in filling out the voter registration application, you can call toll free (405) 487-5483. The decision whether to seek or accept help is yours. You may also fill out the application in private.

If you believe that someone has interfered with your right to register or to decline to register to vote, or your right to privacy in deciding whether to register; you may file a complaint with the:

Oklahoma State Election Board  
P.O. Box 53156  
Oklahoma City,  
OK 73152

or call 405-521-2391

## Responsibilities and Signature for Benefits

To receive or continue receiving benefits from OKDHS you must indicate that you have read and understand OKDHS form "Responsibilities and Signature for Benefits"

[View "Responsibilities and Signature for Benefits" here](#)



\*  I have read and understand "Responsibilities and Signature for Benefits"

I understand that if I wish to continue Medicaid benefits, I must transfer, assign, and authorize payment to the Oklahoma Health Care Authority (OHCA) all claims I have or may have against health insurance or liability insurance companies, or any third parties for all payments for medical services made by OHCA for my dependents or me.

My signature on this application can be used on other forms required to complete this application.

My signature authorized the use of my (our) Social Security numbers(s) for any program received, including child support services.

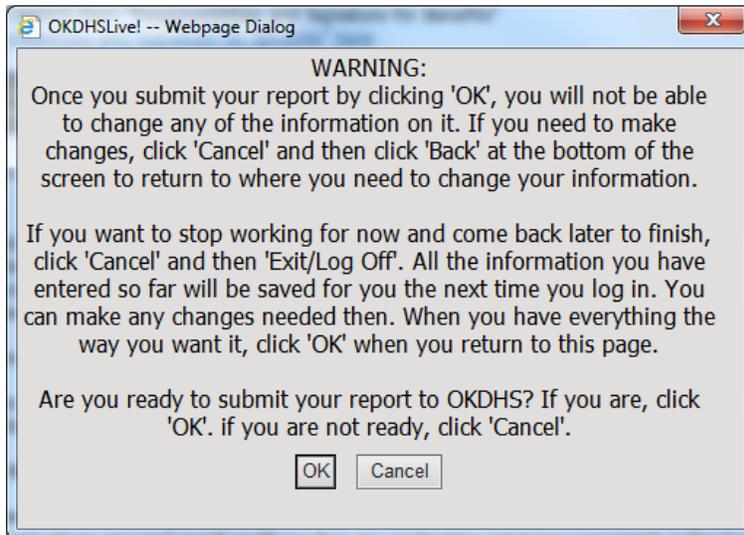
### Electronic Signature

I have agreed to submit this application by electronic means. I understand that failure to sign this application and return required proof could result in my application not being processed. I also have the option to contact my worker to complete the application.

\*  I accept the above statement



25. Accept the warning by clicking on the OK button.



26. Make sure you review the proof of verification list for each program including LIHEAP.

Apply for Benefits

**Proof Needed**

if anyone:	then you must provide:
is working	<ul style="list-style-type: none"> <li>■ pay stubs for all checks anyone received in the last 30 days or</li> <li>■ statements from employers showing pay dates and earnings before taxes for report month</li> </ul>
has stopped working in the last five months	<ul style="list-style-type: none"> <li>■ final pay check stub and employer's statement</li> </ul>
is self employed	<ul style="list-style-type: none"> <li>■ a federal income tax return for the previous year or</li> <li>■ income and expense records if taxes have not been filed</li> </ul>
gets unearned income	<ul style="list-style-type: none"> <li>■ an award letter or a letter from the person or agency who provides the income</li> <li>■ a check stub or copy of check or</li> <li>■ a court order</li> </ul>
has stopped getting unearned income	<ul style="list-style-type: none"> <li>■ a statement from the person or agency that gave you the income showing that it has stopped</li> </ul>
over age 60 or disabled has medical expenses not paid by insurance (food benefit recipients only)	<ul style="list-style-type: none"> <li>■ prescription printouts for the past 60 days</li> <li>■ insurance premium statements;</li> <li>■ copy of doctor or hospital bills; and</li> <li>■ statement of transportation costs</li> </ul>
is paying court-ordered child support	<ul style="list-style-type: none"> <li>■ court order (if not given to us before); and</li> <li>■ proof of regular payments</li> </ul>
has resources	<ul style="list-style-type: none"> <li>■ checking or savings account statements or other financial statements for the report month</li> <li>■ copy of life insurance policy (if not given to us before)</li> <li>■ copy of burial policy (if not given to us before)</li> <li>■ copy of property deeds and titles (if not given to us before)</li> </ul>
has any boats, cars, RVs or campers	<ul style="list-style-type: none"> <li>■ proof of amount owned on loans</li> </ul>
gets child care	<ul style="list-style-type: none"> <li>■ proof of your current work/school/training schedule</li> </ul>
is applying for the Energy Assistance Crisis Program (ECAP)	<ul style="list-style-type: none"> <li>■ a notification from the utility provider that includes the total amount necessary to continue or reconnect service or secure fuel delivery</li> </ul>

Please print the next page, attach it to the required proof and mail it to OKDHSLive! at the address below or mail it to your local OKDHS Human Services Center. [Find the OKDHS Human Services Center nearest you.](#)

27. Attach any proof of verification here.

You may also fax verification to 405-325-7155 include your name and DHS case number or social security number or upload verification to Fast Pass Verification Upload button so it can be indexed to your case record.



Apply for Benefits

Attach Documents

You can attach documents to your application. Use the upper portion of the screen when you want to scan and upload a document, use the lower portion when you already have a file on your computer you want to upload. The max file size is 1MB. This is recommended to speed up the processing of your application or benefit review.

You may also email verification to [live@okdhs.org](mailto:live@okdhs.org) or fax it to 1-405-325-7155.

Scan a New Document

Please fill out the comment box below to add comments to your scanned image.

Comments:

Please scan and upload your documents if you have any.

\* File name:

Scan

Upload

Upload a Saved Document

Please upload your digital documents if you have any.

Comments:

Upload

Uploaded Documents

Below is a list of items that you have uploaded. If there is a remove button you can delete the document.



28. Review your application by clicking on “See Your Application”. You can print the application and the notice with the reference number here for your record.

**OKDHS Live!** Your Online Benefits Resource

Home Benefits Contact Us Logout

Welcome Casey Toohot

100%

Apply for Benefits

### Application Submitted

Thank you for using OKDHS Live!  
**You have been assigned Case Number:H000000 Please save this Code and use it in reference to your case.**  
Calling us is now unnecessary.

It is important to us that you receive all of the benefits for which you are allowed. We will read the information submitted and contact you within 10 days to schedule an interview with you.

Your application is not complete until we have discussed your answers with you in an interview and have everything we need to prove that the information you gave us is true.

You do not need to call us. We will write or call you as quickly as possible to schedule an interview. After we have interviewed you and we have all of the information or proof we need to make a decision on your application, we will send you a notice in the mail.

Thank you in advance for your patience.

**Reference:** 000006254  
**Date:** 7/18/2017  
**Time:** 2:28 PM  
**Case:** H000000

[See Your Application](#) Click here to review the information you just entered.

[Exit/LogOff](#) [Next](#)

Oklahoma Department of Human Services  
Mailing address:  
OKDHSLive!  
P.O. Box 2700 Norman, OK. 73070  
(405)487-5483

7/18/2017 Non-Discrimination | Accessibility | Privacy 2:28 PM

The end!!!

# YOUR LIHEAP APPLICATION HAS BEEN COMPLETED

The Low Income Home Energy Assistance Program (LIHEAP) includes 3 different components:

**Winter Heating**

**Summer Cooling**

**Energy Crisis Assistance Program (ECAP) which includes life threatening medical condition.**

Please be advised that the Summer Cooling/Winter Heating is not an emergency assistance program. If approved, the LIHEAP payment may take a full billing cycle for the credit to show up on your account or statement. We strongly recommend all of our customers continue paying the utility bill or to work with utility provider to avoid any service interruption. If you received a cut-off notice from your utility provider, you must contact their customer service to make other necessary arrangements.

The ECAP payment, if eligible, will only be authorized for the minimum amount required to prevent interruption/restore/establish service or initiate fuel delivery.

**ECAP Eligibility requirements:**

- Must be within the 72 hours cut-off window at the time of application and have an active cut-off order with the utility provider; or
- A written notice from the utility provider for new service establishment or service restoration with minimum amount required for security deposit, carryover old debt, and other fees; or
- A written notice from the utility provider refusing to deliver additional fuel without a minimum payment amount; or
- Verification from the utility provider that the household entered into a payment plan to prevent service cut-off and the minimum amount required to resolve to crisis for one month.

If you or your family member has a **life threatening medical condition**, please contact your utility provider and file for a medical claim. Most utility providers will give you an extension for 30 days for you to obtain written verification from your doctor. Once you have your doctor's signed statement, please fax it to (405)325-7155 or upload it to your case record.

Online at [OKDHSLIVE.org](http://OKDHSLIVE.org) and click on Fast Pass Verification Upload button so it can be indexed to your case record.



- You must log into your account into order to upload.
- Each page and document must be uploaded separately. Multiple pages will only show the first page scanned.
- Shadows on the document that appear between the light source and document may result in dark areas and not be legible.

Send the documents to the local County office. [Local County staff](#) will upload the document your case record.

Applications can be completed online during our General Open Enrollment period at [OKDHSLIVE.org](http://OKDHSLIVE.org) or over the phone at (405)522-5050. You might experience a long wait if you call the number above during this period due to high volume of incoming call. The best method to apply for LIHEAP is online.

If you need password reset, once on the [OKDHSLIVE.org](http://OKDHSLIVE.org) site go to “Log In” then “Forgot Your Password?” complete the requested information to reset your password.

Depending on receipt of federal funding the General Open Enrollment period usually begins the following months:

Winter Heating –December

ECAP – March (Life Threatening Medical Condition is accepted year round.)

Summer Cooling - June

You can apply for and possibly be eligible for all 3 programs.

If you are preauthorized for a program you will have to apply online at [OKDHS.LIVE.org](https://OKDHS.LIVE.org) for the other programs. Federal regulations only allow for one preauthorization per federal fiscal year.

You can also call our state hotline at [211](tel:211) for additional non-profit resources.

Eligibility requirements for the Low Income Home Energy Assistance Program (LIHEAP) are based on income, household size, available resources and responsibility for payment of the home energy cost. Only one payment per household is allowed per program component. “Household” is defined as individuals living “under the same roof” with one utility meter. Everyone who uses the same meter or utility must apply together. If you or anyone resides in your home are a Native American, you may apply for energy assistance through OKDHS or with your tribe, but you cannot receive assistance from both during the same Federal Fiscal Year.

To qualify for LIHEAP assistance, you must meet each of the following requirements:

- Be responsible for payment of home energy (households are not eligible for LIHEAP if the utility bill is paid directly to the provider by someone who does not reside at the residence)
- Be a United States citizen or legally admitted for permanent residence.
- Meet countable resource standard including cash, checking or savings accounts, certificates of deposits, cryptocurrency, stocks, or bonds.
- Meet specific income guidelines that vary according to household size and fuel type.